

Servicemembers' Group Life Insurance Family Coverage Accelerated Benefits Option

**[For terminally ill spouses of servicemembers who are insured under
SGLI Family Coverage]**



**Administered by the
Office of Servicemembers' Group Life Insurance
290 West Mount Pleasant Ave.
Livingston, N.J. 07039-9690
Toll-Free: 1-800-419-1473
Fax: (877) 832-4943**

Instructions For Submitting a Claim for Accelerated Benefits

About The Accelerated Benefit

The accelerated benefit allows the servicemember to receive up to 50% under the Family Servicemembers' Group Life Insurance if his/her spouse has been diagnosed by a physician as being terminally ill (as defined in Public Law 105-368) with nine (9) months or less to live. Only the servicemember can apply for this benefit.

The amount of insurance proceeds payable to the servicemember at the time of the spouse's death will be reduced by the amount of accelerated benefit they choose to receive now. The spousal premium will be lowered to reflect the reduced amount of his/her spousal coverage.

How To Claim This Benefit

To submit a claim for spousal accelerated benefits, the servicemember, spouse, his/her physician, and the branch of service must complete the attached forms. Once all forms are completed, the forms are to be sent to:

OSGLI ABO Claim Processing
290 West Mount Pleasant Ave.
Livingston, N.J. 07039-9690

What You Should Know About Your Claim

You should be aware of the following before submitting a claim for accelerated benefits under SGLI Family Coverage:

- Once we process the claim for accelerated benefits, we will send the check for the amount requested to the servicemember. The amount requested will be reduced by the amount of interest that would have been earned on it (over nine months) had the servicemember not claimed it. Therefore, the check will be less than the amount claimed.
- Once the check is cashed, the accelerated benefit cannot be revoked.
- The servicemember can receive this benefit only once during the spouse's lifetime.
- This benefit can be used for any purpose. Its use is not limited to medical expenses.
- If the spouse is covered under SGLI Family Coverage, OSGLI will notify the servicemembers' branch of service to reduce the face amount of the spousal coverage and the spousal premium rate.
- If the spousal claim is not approved, we will notify the servicemember. The servicemember will then have the chance to submit additional medical information. The servicemember can also reapply at a later date if the spouse's medical condition would qualify him/her for this benefit.

If you have any questions, please call us toll-free at 1-800-419-1473. A customer service representative will assist you.

PRIVACY ACT STATEMENT - Title 38 U.S. Code, Chapter 19, Subchapter III, Servicemembers' Group Life Insurance, authorizes solicitation of this information. This information is needed to determine your eligibility for an "Accelerated Benefit Option" payment. Section 7701(c) of Title 31, requires that any person doing business with the Federal Government furnish a Social Security Number or tax identification number. An accelerated benefit will not be paid to you unless a completed application has been received by the Office of Servicemembers' Group Life Insurance (Title 38, Section 1980).

RESPONDENT BURDEN - VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-419-1473 for mailing information on where to send your comments.

To Be Completed By Servicemember
(applying for Spousal SGLI Family Coverage accelerated benefits)

a) Claim For Accelerated Benefits

<i>Servicemember's Name</i>	<i>Servicemember's Social Security Number</i>	
<i>Servicemember's Mailing address and telephone number</i> ()	<i>Servicemember's Branch of Service</i>	<i>Servicemember's Duty Status: (check one)</i> <input type="checkbox"/> <i>Active Duty</i> <input type="checkbox"/> <i>Ready Reserves</i> <input type="checkbox"/> <i>Army/Air Nat'l Guard</i> <input type="checkbox"/> <i>Separated/Discharged</i> <i>If separated/discharged provide date.</i> _____
<i>Spouse's Name</i>	<i>Spouse's Social Security Number</i>	<i>Spouse's Date of birth</i>
<i>Amount of Spousal Coverage</i>	<i>Amount of Claim (can be no more than one-half of spousal coverage)</i>	
<p>I acknowledge that I have read all of the attached information about the spousal accelerated benefit. I understand that I can get this benefit only once during my spouses' lifetime and that I can use it for any purpose I choose. I further understand that the face amount of the spousal coverage will be reduced by the amount of accelerated benefit I choose to receive now.</p> <p><i>Servicemember's Signature</i> _____ <i>Date</i> _____</p>		

TO BE COMPLETED BY SPOUSE

b) Authorization to Release Medical Records

To all physicians, hospitals, medical service providers, pharmacists, employers, other insurance companies, and all other agencies and organizations:

You are authorized to release a copy of all my medical records, including examinations, treatments, history, and prescriptions, to the Office of Servicemembers' Group Life Insurance (OSGLI) or its representatives.

Spouse's Printed Name _____

Spouse's Signature _____ Date _____

*A photocopy of this authorization will be considered as effective and valid as the original.
Valid for one year from date signed.*

To Be Completed By Physician

Attending Physician's Certification

<i>Patient's Name</i>		<i>Patient's Social Security Number</i>	
<i>Diagnosis</i>		<i>ICD-9-CM Disease Code*</i>	
<i>Description of Present Medical Condition</i> (please attach results of x-rays, E.K.G. or other tests)			
Is the patient mentally competent in the handling of his/her own affairs? YES <input type="checkbox"/> NO <input type="checkbox"/>			
The patient applied for an accelerated benefit under his/her government life insurance coverage. To qualify, the patient must have a life expectancy of nine (9) months or less. Does your patient meet this requirement? <div style="text-align: center; margin-top: 20px;">YES <input type="checkbox"/> NO <input type="checkbox"/></div>			
<i>Attending Physician's Name</i> (please print)		<i>State in which you are licensed to practice</i>	<i>Specialty</i>
<i>Mailing address</i>		<i>Telephone Number</i>	
		<i>Fax Number</i>	
<i>Signature</i> _____ <i>Date</i> _____			

*ICD-9-CM is an acronym for *International Classification of Diseases, 9th revision, Clinical Modification*

To Be Completed By Personnel Office of Servicemember's Unit

(Complete this form **only** if the spouse is covered under SGLI Family Coverage.)

Branch of Service Statement

<i>Applicant's Name (Servicemember)</i>	<i>Servicemember's Social Security Number</i>	<i>Servicemember's Branch of Service</i>
<i>Spouse's Name</i>	<i>Spouse's Social Security Number</i>	
<i>Amount of SGLI Coverage/Family Coverage</i> \$	<i>Monthly Premium Amount</i> \$	
<i>Name of Person Completing This Form</i>	<i>Telephone Number</i>	<i>Fax Number</i>
<i>Title of Person Completing This Form</i>	<i>Servicemember's Duty Station and Address</i>	
<i>Signature _____ Date _____</i> <i>of person</i> <i>completing this form</i>		

The Personnel Unit prepares the statement, while the Casualty Branch certifies "coverage"; please complete box below.

To be Completed by the Servicemember's CASUALTY BRANCH

Certified by:

Name/Title

Branch of Service _____

Date Certified _____

FAX Number:

Telephone Number:

Notice: It is fraudulent to complete these forms with information you know to be false or to omit important facts. Criminal and/or civil penalties can result from such acts.